

**MONTANA DEVELOPMENTAL DISABILITIES PROGRAM
FAMILY SUPPORT SPECIALIST AUTISM ENDORSEMENT (FSS AE)
CONTINUING EDUCATION LOG**

SECTION ONE: IDENTIFYING INFORMATION

Name: Click here to enter text.	Certificate Number: Click here to enter text.
Agency: Choose an item.	
Certification Date: 00/00/0000	Date Span of Log: 00/00/0000

SECTION TWO: YEAR ONE/20 HOURS

Date	Training Title	Description of Training	Hours
TOTAL HOURS			

SECTION THREE: YEAR TWO/20 HOURS

Date	Training Title	Description of Training	Hours
TOTAL HOURS:			

SECTION FIVE: ENDORSEMENT SIGNATURES:

The signature of the Training and Information System Manager indicates they have reviewed the certification record and are authorizing the Family Support Specialist Autism Endorsement.

Title	Signature	Date
FSS AE		
Mentor		
Executive Director		
Training & Information System Manager		

SECTION SIX: CERTIFICATE ISSUED

Certification Record Received Date:	Certificate Issued by:
Certification Issued to:	Certification Number: